

## **Department of Public Safety Mutual Association Application for Membership**

I herewith apply for membership in the Department of Public Safety Mutual Association and agree that I will abide by the Constitution and By-Laws of this Association while a member thereof.

Last Name	First Name		MI	Social Security Number
Date of Birth T	itle			
Duty Station/Department	Date Employed		Date Retired (if applicable)	
			_	
Primary Phone Number	Secondary Phone Number		Office Phone Number	ext. (optional)
Email Address Personal or Work				
Applicant's Home Address				
City		State	Zip	_
Beneficiary: (Multiple and/or con	itingent beneficiaries may be desig	gnated. See Fori	m MA-004.)	
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Last Name	First N	Name		MI
Relationship to Insured	Date of Birth	Social Se	ecurity Number (required by Texas	Family Code §157.317(a)(3))
Beneficiary's Home Address				
City		State	Zip	_
Email address			Primary Phone Nu	mber
Percentage Note: A per	centage must be designated for each be	neficiary		
I hereby certify that I am presently i of examination in order to qualify fo	n good health and have no knowledge r this insurance.	e of any terminal i	illness which would requir	e a doctor's certificate
NOTICE: The Board of Directors may	require evidence of insurability if it ele	ects to do so.		
Please see Form MA-003 for payment	options and fee schedule.			
I agree to pay an additional amount for forfeit all claims as a member of the as	assessments and calls within 30 days of sociation.	of due date, and un	derstand that failure to pay a	all calls on time shall
	employment by the Texas Department of Public Safety Mutual Associa		DPS Credit Union will auto	omatically cancel my
I further agree that if I choose to cance to the association, and I will have no cl	l my membership in the DPS Mutual A aim whatsoever on same.	ssociation, such fu	ands as already paid into this	s association will revert
Signature of Applicant			Date	